

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE ON HEALTH AND HUMAN
SERVICES
THE HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL
HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE
SERVICES
AND
THE FISCAL RESEARCH DIVISION
ON
SERVICES TO MULTIPLY DIAGNOSED ADULTS
Session Law 2007-323
House Bill 1473
Section 10.52

July 15, 2009

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

Services to Multiply Diagnosed Adults

July 15, 2009

Session Law 2007 – 323, Section 10.52(d) requires that a report be submitted concerning the principles that guide the provision of services to multiply diagnosed adults. In addition, this legislation specifies that services provided be medically necessary, that utilization review be conducted, and that cost-reduction strategies, including pre-authorization of all non-emergency services, criteria for medical necessity as well provision of clinically appropriate services, be implemented. Finally, the legislation prohibits the use of state funds to purchase single-family or other residential dwellings to house multiply diagnosed adults.

Reports on services to multiply diagnosed adults have been required since the settlement of the Thomas S. class action suit many years ago. This report summarizes the steps that have been taken since that time and demonstrates the continued implementation of this section.

The guiding principles mandate that services be: outcome-oriented and evaluation-based, cost efficient as well as effective, and delivered close to the consumer's home. The principles prohibit the provision of services solely for the convenience of the provider or consumer and require that families as well consumers be involved in the decision-making process. Furthermore, the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) must provide services that are medically necessary and subject to utilization review.

The guiding principles have been operationalized throughout the service system. Specifically, the service delivery system is based upon person-centered plans that must be appropriate to needs, accessible and timely, consumer-driven, outcome oriented, culturally and age appropriate, built on individual strengths, cost effective and reflect best practices including individual outcomes and strategies. The person-centered planning process includes assessment information and provides documentation which demonstrates the medical necessity of the service. These plans are evaluated on an ongoing basis by staff of the Local Management Entities (LMEs) to ensure progress is being made toward those outcomes by each individual.

The LMEs are responsible for plan authorization and utilization review for services supported by State funds. The Medicaid approved vendor performs these functions for all Medicaid Services. Medical necessity criteria are included in all service definitions. For example, Communication Bulletin # 75, "*Clarification regarding Integrated Payment and Reporting System Funding for CAP-MR/DD Recipients*" clarifies that LME authorization of state-funds must include a consideration not only of funding availability but also a determination of client need. Furthermore, the Division of Medical Assistance (DMA) clinical policy number A4, "*Services for Individuals with Mental Retardation/Developmental Disabilities and Mental Health/Substance Abuse Co-*

Occurring Disorders” provides specific guidelines regarding assessment, person-centered plans, treatment, reviews and reassessments, and psychotropic drugs for multiply diagnosed individuals as does the clinical coverage policy 8A, “*Enhanced Mental Health and Substance Abuse Services*”. In addition, consistent with the statutory prohibition, no dwellings to house adults with multiple diagnoses have been purchased.

Further efforts to support individuals with multiple diagnoses include development of the START model in North Carolina. NC START is a model of community based crisis prevention and intervention services for people with Intellectual/Developmental Disabilities (I/DD) who experience crises due to mental health or complex behavioral health issues. Session Law 2008-107 appropriated funds for the development of the START crisis model in NC. Funds were distributed to three host LMEs to support six crisis/clinical teams; two teams per region of the state, and twelve respite beds; four beds per region.

Although in the first year of operation, this model is already supporting individuals with co-occurring I/DD and mental illness or complex behavioral health issues permitting them to remain in their home or community placement and to avoid hospitalization. The teams provide crisis prevention and intervention services including assessment and treatment, training and consultation, and collaboration with community resources. The respite homes include two crisis respite beds (up to 30 days) and two planned respite beds (up to 72 hours) for each site. Respite service elements include symptom and behavior monitoring, structured day activities, collaboration with the person’s support team, and family support and education.

The beginnings of an array of tiered Medicaid Home and Community Based Services (HCBS) waivers was implemented in November 2008 for persons with I/DD, providing an opportunity to enhance best practice approaches to delivering these consumer services and supports. The HCBS waivers provides support to persons with intellectual/developmental disabilities, mental retardation, and autism, who meet ICF-MR level of care criteria, allowing them to continue living at home and in the community as an alternative to institutionalization. The goals of the waivers are to:

1. Ensure the well being and safety of the people served;
2. Maximize the individuals’ self-determination, self-advocacy and self-sufficiency;
3. Increase opportunities for community integration through work, life-long learning, recreation, and socialization;
4. Deliver person-centered services that leverage natural and community supports; and
5. Provide quality services and improve outcomes.

Included in these waivers are new service definitions that are intended to provide specialized support for individuals who experience intense and challenging behavioral and medical needs; this includes persons who are multiply diagnosed. The new definitions are Behavioral Consultant and Crisis Respite. The Behavioral Consultant

service will provide assessment and treatment of individuals and support, training, and consultation to staff, family members, and primary caregivers who support participants who exhibit behavior that is often extremely challenging. These behaviors are frequently complicated by medical or mental health factors. The behavioral techniques and interventions are designed to decrease challenging behaviors while increasing positive alternative behaviors, assisting individuals in acquiring and maintaining the skills necessary to live independently in their communities and avoid institutional placement.

The Crisis Respite definition is a short-term service providing relief to the caregiver when an individual is experiencing a crisis and a period of structured support, programming, or both is required. Crisis respite may be used when the participant cannot be safely supported at home due to his or her behavior and implementation of formal behavior interventions has failed to stabilize the behaviors or all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for individuals who are unable to access regular respite due to the nature of the behaviors they exhibit. Both of these services require staff with specialized credentials, training and experience.

Over the next year the development of the remaining two waivers will include continual efforts to enhance and specialize components of the services and supports for individuals who are multiply diagnosed. This will permit them to receive quality services and supports which provide for adequate health and safety, community integration and improved outcomes.